

Robert C. Byrd Honors Scholarship Renewal Form

If you are graduating, *Congratulations!* Please complete and return this form.
(2010 – 2011)

Name: _____
(last) (first) (middle initial)

Permanent Address: _____
(number and street) (city) (state) (zip code)

Student ID #: _____ Social Security #: _____

Email: _____ Phone: _____

Robert C. Byrd Honors Scholarship Program rules require recipients to annually file a statement of intent to continue as a full-time undergraduate student. Please complete this questionnaire and return it to the program manager no later than January 30th.

☐ **I intend to enroll Fall 2010** Institution: _____

Anticipated Graduation Date: _____

☐ **I do not intend to enroll in 2010 – 2011 due to one of the following:**

- ☐ Graduation ☐ End of Eligibility ☐ Requesting Leave of Absence or Suspension
(Must complete page 2 and submit by January 30th due date)

☐ Other (please explain) _____

SELECTION CRITERIA

Please include a current transcript of college grades up through and including last semester.
(**NOTE:** A transcript issued to the student, and so noted, or a web copy of your transcript is acceptable.)

Current Grade Point Average: _____

Cumulative Grade Point Average: _____

Grade Level in Fall 2010 (circle one):

Freshman Sophomore Junior Senior

Recipient's Signature _____ Date _____

Send completed form to:
Dana Kelly, Manager, Student Affairs Program
P.O. Box 83720
Boise, Idaho 83720-0037

Dana.Kelly@osbe.idaho.gov
208-332-1574